19. UNDERTAKER _ /3

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH should state OCCUPA-1. PLACE OF DEATH Village or City S Length of residence in city or town where death occurred All Brs statement PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) CTL classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 4 EX 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Months Days If LESS than stated 1 day-hrs or min. 8. Trade, profession, or particular kind of work done, as SPINNER, THIS. OCCUPATION JO. SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which may on back should work was done, as StLK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that See instructions occupation ___ & 80 12_ BIRTHPLACE (city or town) (State or country) supplied. OF DEATH in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) mation should be carefully MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT _C/V (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE TION is CAUSE Lemis Oate mar 4 19

.03408

	Duitable 2011 11 3 3 7
-	Registration Dist. No. 33
IF	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
26	
-	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	'Mark 2 , 193 7 (Month) (Oay) (Year)
	22. HEREBY CERTIFY, That I attended deceased from 1937, to Amoral 2 1937
	I last saw h; death is said
	to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	Weelest - Reproduct Date of onset
	0 1 12500
	Insulen - Deabeles
-	mellitus -
-	Other Contributory Canses of importance:
PR-AIR-	CA.
	Name of operation Oate of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) filt in also the following:
	Accident, suicide, or homicide? Date of Injury, 19
	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
H	
7	Manner of injury
	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased?
,	If so, specify
4	(Signed) M. O.
	(Address) Mandente mil
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 7.

If more blanks are needed, address State Registrat

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis WAR 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The second section of the section			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

		CERTIFICATE OF DEATH 0340	9
1.	PLACE OF DEATH	11-a	22
	County Michael		23
	Village or City Ftebron md	No. 2 P. F. L. St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
	Langth of residence in city or town where death occurredyrsmos.		
2	FULL NAME Mary & Questin		
	d 1 // 1	St., Ward.	4
	(Usual place of abode)	If nonresident give city or town and Stat	е
3. S	PERSONAL AND STATISTICAL PARTICULARS EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
1	OR DIVORCED (varie the word) Is marled, widowed, or divorced	Month) (Day)	3 / (Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended dece	esed from
	DATE OF BIRTH (month, day, and year) Quy 4 1936	I last saw h aliva on; de	eath is sald
7. A	Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at	ite ol onset
NO	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	meumonia	16/2
UPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	moreho.	
220	10. Date deceased lest worked at this occupation (month end yaar)		
12.	BIRTHPLACE (city or town) Helmon	Other Contributory Causes of importance:	
1	(State or country)	La grysse. 3	/3/37
HER	13. NAME fraction Chestin		
FAT	14. BIRTHPLACE (city or town) fafalls	Nama of operation Date of	
	(State or country)	What test confirmed diagnosis? Wes there an auto	sy?
15. MAIDEN NAME Wary Elzey 16. BIRTHPLACE (city or town)		23. If death wes due to externel causes (VIOL ENCE) fill in also the following:	
M O	I6. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury	, 19
	(State or country) INFORMANT Acray allerding (Addrass)	Whera did Injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL 6 m. Mar 12, 1937	Mannar of injury	
19.	UNDERTAKER James 11 Stewart (Addrass) James 12 Stewart	24. Was disaase or injury In any way related to occupation of deceased?	
		7//// 1///	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SHEPATEV &			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03410
1. PLACE OF DEATH	(logo)
County Vaconico	Registration Dist. No. 330
Village Dr City Mardela R.F.D.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2 FILL NAME Nancy & Bailey	
(a) Residence: No.	If U. S. Veteran, specify WAR
(Usual place of abode)	if nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Samuel Bailey	22. I HEREBY CERTIFY, That I attended dacaasad from
6. DATE OF BIRTH (month, dey, end year) 21 1864	I last sew h. A. alive on Man 13, 193); death is said
7. AGE Years Months Gays If LESS than 1 dey,	to have occurred on the date stated above, atm.
/ Ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Muniting Williams
9. Industry or business in which	
SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Steta or country))	Browling /7/8
13. NAME alfred English	
	Name of operation
14, BIRTHPLACE (city or town) (Stata or coup())	What test confirmed diagnosis?
15. MAIDEN NAME Joby Bennett	23. II death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicida?Date of Injury,19
(Stete or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Wildeld Howard (Addrass) Wardela Md R & D.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannar of Injury
Place J Caracta Date 147,195/	Nature of Injury
19. UNDERTAKER M. D. Dravenor 47300 (Address) Sharptonn Md	24. Was disease or injury In any way releted to occupation of decaased?
20. FILED 3/19 , 137 Galuntur 19 Registrar.	(Signed) J. J. J. M. D. (Addrass) May tomas Help M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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	Example I	1	Example II	
The principal cause of confirmment of importance were as for	leath and related causes	-Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	E CHEVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 1991	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory caus	es of importance:	of etc. A. manage.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03411
1. PLACE OF DEATH	549
County Micamelo	Registration Dist. No. 333
Village or City & on O	Notes Caly Harliters 13 ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Josephyne Barchle	If U. S. Veleran, specify WAR
(a) Residence: No. 225 - Rose St. 050	St., 9 Ward
(Usual place of abode) falis	bury, M.d. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH New 193 37
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of James Barthley	22. I HEREBY CERTIFY: That I attended deceased from 195, to Killed 24, 195).
6. DATE OF BIRTH (month, day, and year) LOLE 2 1903	I last sew h 12 alive on Keery 24, 1957; deeth is sald
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, et2m.
3.2 3 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8 Trade profession or particular	Oate of onest
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	When Feleral July
✓ Sundustry or business in which	
SAW MILL, BANK, etc.	
year) 43.4 occupation occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Museus Unne	1
(State or country) and	
13. NAME Pharles Wone	
14. BIRTHPLACE (city or town) - Prumbles and	Name of operation / Ry lectury Date of 3/2-3/3
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Suran Wilson	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Amels ame	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Susan Carlin	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Salinling and	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Full Colory Oate N. Atto Da. J., 19. 2.	Neture of injury
19. UNDERTAKER James Le Stewarts	24. Was disease or injury In any way related to occupation of deceesed?
(Address) Salislary mc	If so, specify
20 FUED March 27, 37 V. May throng	(Signed) M. D.
Registrar.	(Address) Alle

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6 1951	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	11800
county Wicomico	Registration Dist. No. 333
Village or City Peninsula General	(If death accurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. 2 ds How long In U. S. If of foreign byth?
2. FULL NAME planewed Woodland	. A Baselle
(a) Residence: No. Jocomo la Cert	T St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Halles, Halle	3-27 ,1937 to 3-29 - 1937
6. DATE OF BIRTH (month, day, and year)	I last saw harman alive on 3-29-37, 19. 54; death is said
7. AGE Years Months Days If LESS tha	
64 4 1 1 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	B + Ro +
SAWYER, BOOKKEEPER, etc.	- ausungsus
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this excupation (month and this excupation (month and second in this excupation).	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	<u> </u>
W 13. NAME cloreice Garces	
13. NAME OPERE STATE OF TOWN) 14. BIRTHPLACE (city or town) 15. Chate or country)	Name of operation Reference of lacentine Date of 3-7.37
(State or country) pulleryland	What test confirmed diagnosis? Asfertain Was there an autopsy?
15. MAIDEN NAME of fige are by	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (State or country) 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicides Decede Date of injury /2-7., 1927
∑ (State or country)	Where did injury occur? (Specify city or town county and State)
17. INFORMANT COLLOWS (2014)	Specify whether injury occurred in INDUSTRY, In HOME or In PUBLIC PLACE.
18 BURIAL CREMATION, OR REMOVAL	Manner of injury therefore would of thereat
Plane corrected by Dale Mars, 195	Nature of injury Ocef lacondon
19 UNDERTAKER PRICEDEP, Supereson	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Comola tety, the	If so, specify
20. FILED Mar. 30, 19 37 V. May Just	
Registrar	(Address) Salesbury)cco -

If more blanks are meeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Ab. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrifup R 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

XO

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03413
1. PLACE OF DEATH	<u></u>
County Willamsed	Registration Dist. No. 333
Village or City Dalislany on for	No. Ten Yen Haspitalse, 13 Ward
Length of residence in city or town where deeth occurred yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME James Birthheas	If U. S. Veteran, Specify WAR
(a) Residence: No. 1103 Ur manie	St., 9 Ward.
(Usual place of abode)	ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MANCE
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	1957, to Mark 19 , 19 4
6. DATE OF BIRTH (month, day, and year) may 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8
// // // // l dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trede, profession, or particular	Were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	alisend (more
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this programming month and this programming month and the second in this programming month and the second in	
SAW MILL, BANK, etc	
this occupation (month and per spent in this occupation occupation	
12. BIRTHPLACE (city or town). Ruckaus alkers	Other Contributary Causes of importance: B//7/3
(State or country)	
13. NAME Sidnly Birthhead	
13. NAME Scaling Birthhead 14. BIRTHPLACE (city or town) Pulsa walking.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Stannel Smills 16. BIRTHPLACE (city or town) Ralkawalken	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
on Ella Petria	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT A CARLON CANADA CARLON CANADA CARLON CANADA CARLON CONTRACTOR CONTRACTOR CONTRACTOR CARLON CONTRACTOR CARL	The state of the s
18. BURIAL, CREMATION, OR REMOVAL followed	Manner of injury
Place TURA Walke Date On A 22, 1981	Nature of Injury.
19. UNDERTAKER James the Stewart	24. Was disease or injury In any way related to occupetion of deceased?
(Address) Salingly god	If so, specify
20. FILED Man 22, 1937 J. Mgy Jumes, Registrar.	(Signed) M. D.
Registrar.	(Addiess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Combrel honorphase	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUNEAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

BINDING

FOR

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S. No.

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03415
1. PLACE OF DEATH	9220
County Spicomes	Registration Dist. No. 330
Village or City Mardela	No. St. Ward
/ 1 (II	death occurred in a hospital or institution, give its NAME instead of street and number)
(1 0	ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Undermeda Donna	to If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Denied While OR DIVORCED ("write the word)	Moreal 7 1935)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Thomas Souls	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) May 8 1864	liast saw h elive on March 1987 : death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 69 -m.
72 9 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of gazey
kind of work done, as SPINNER, Jour Work SAWYER, BOOKKEEPER, atc.	Comeline Emboline 3/9/37
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data dacasad last worked at f1. Total time (years) this occupation (month and	
O this occupation (month and spent in this occupation occupation occupation	
	Other Contributory Courses of Importance:
12. BIRTHPLACE (city or town) (State or country)	The newlesses
13. NAME William J. Bounds	
13. NAME / Clary or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Eolizabeth Lowz	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of injury19
∑ (State or country)	Whare did injury occur?
17. INFORMANT Ifelliand Sounds	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Warkel	
f8. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Piace Date Date 1927	Nature of injury
19. UNDERTAKER It. Diravenor 17000 (Address) Sharptong m.	24. Was disaase or injury in any way related to occupation of deceased? 76
20. FILED Mark 9, 13) of Ce Cernstony Registrar.	(Signed) M. D. (Address) Sacrey mod
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I		Example II			
of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset		
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial ne		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	APR 6 19 1	July 5,1927	Peritonitis	3 days ago		
	BUREAU V. S.	4. 4. 6.				
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
	This promise is a second					

STATE OF MARYLAND	CERTIFICATE OF DEATH 03416
1. PLACE OF DEATH NA. Our	1 82 m
count // Comile	Registration Dist. No. 333
Village or City Reliables ma	No. 12 Arow Thell are st. 13 Ward
/ -7 (If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
2. FULL NAME Clavence M. Beach	If U. S. Veteran, specify WAR
(a) Residence: No. 1/2 Amour Thilp are	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR BR RACE 5. SINGLE, MARRIED, WIDOWED, PRODIVORCED (with the word)	21. DATE OF DEATH March 17 4 7 193 (Marth) (Day) (Mar)
5a. If married, widowed, ondivorced HUSBANO of	, , , , , , , , , , , , , , , , , , , ,
(OF) MIEE OF /da V. Brown	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 2m. 26 1878	I last saw h alive on Receive 19 1937.19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at the state of the state o
5-9 1 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER,	wara as follows: Oatsol onset
kind of work done, as SPINNER, Jagon SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as all the technique of the work was done, as all the technique of the same of th	
SAW MILL, BANK, atc	
O 10. Date deceased last woster at this or shallow (month and 3 / 93 11. Total time (years) spant in this occupation occupation	
hlass Assert 2/2 10	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Cerebral humanhage 7/14/3/
1 n LL 11 n	
E neka Ameritale	
4 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of
	What tast confirmed diagnosis? Leave Was there an autopsy?
E 21:10	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Data of Injury, 19 Whare did injury occur?
My Ide v Renew	(Specify city or town, county and State)
17. INFORMANT AND THE ME Lake	specify whethar if jury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAN	Manner of Injury
Place Mar Churches Man [7, 193]	Nature of injury
19. UNDERTAKER Italy organ + Co.	24. Was disease or injury in any way related to occupation of deceased? &
(Addrass) Jahrhy Md	If so, spacify
20. FILEO Mar 19, 34/ & May Juner	(Signed) Aller Tuh M. D.
Registrar.	(Address) Julishung terel
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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S. C. PAULV.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

CARD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement. WITH UNFADING INK-THIS IS A PERMANENT RO stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. ALY, N. B.-WRITE PL.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	[3]
County Milonnie	Registration Dist. No. 333
Village or City Salutary Md.	No. Puscella st. St. 5 Ward
70 (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredmos	sds. How long In U.S. If of foreign birth?yrsmosds
2. FULL NAME Moal Jane 13	U. S. Veteran specify WAR
(a) Residence; No. Puscifica	St. 5 Ward Salesling Ind.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
30SEX 4. COLOR OF RACE 5. MIGLE, MADRIED, WIDOWED, OF DIVORCED (write the word)	21. DATE OF DEATH March. 16 793 (Month) (Dey) 193 (Gar)
5a. II married, widowed, op divorced	(month) (Dey) hear)
HUSBAND of Joursa a. Brown	22. I HEREBY CERTIFY, That I attended deceased fro
2 - 21 /64	Time of Deth.
6. DATE OF BIRTH (month, day, and year)	rast saw h; death is se
7. AGE Years Months Deys II LESS than 1 day,hrs.	to have occurred on the date stated above, at 2 3 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
0rmin.	were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Chaine Churchland
SAWYER, BDDKKEEPER, etc.	- Rephillio 3900
9. Industry or business in which work was done, es SILK MILL, SAW MILL, SAW, etc.	
0 10. Date deceased last worked at 16 3 11. Total time (years)	
this occupation (month, and spent in this occupation	
12. BIRTHPLACE (city or town) leav Salisbury	Other Contributory Causes of Importance:
(State or guntry)	-
13, NAME Villiam & RAME	
13. NAME / LUCAN	Name of operation
14. BIRTHPLACE (city or town).	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME/Mary Soldy	
120001 101.10	23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
There of B Bearing	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
17. INFORMANT V (Address) Puscella st. Sphiling M	Sparry whether injury occurred in INDUSTRIAIN NUME, OF IN PUBLIC PLACE,
18. BURIAL, CREMOTION, OR REMOVAL	Manner of injury
Place arema lesso, Date Mar 1/8 193	Nature of injury
Helleman + For	
19. UNDERTAKER (Address) Jaluary 2006	24. Was disease or injury in any way related to occupation of deceased?
18 21 (2 h)	If so, specify
20. FILED MCh 10, 1934 X. May Junes	(Signed) Address Recent Breestator
Registrar.	(Address) Possery Sugarnar

02117

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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7. S. No. 1

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1915		1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	R RACE	5. SINGLE, MARK OR DIVORCED	CULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. SEX 4. COLOR (1 Succession 1) 5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, as	R RACE	5. SINGLE, MARK OR DIVORCED	RED, WIDOWED,	
HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, as	1		g le word)	(Month) (Oay) (Year)
	-	June -	1936	22. I HEREBY CERTIFY. That I attended deceased for the state of the st
7. AGE Years	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
kind of work dona, as SAWYER, BOOKKEEPER Work was dona, as SILV SAW MILL, BANK, etc 10. Date deceased last worked this occupation (month year) 12. BIRTHPLACE (city or town) (State er county)	and and	11. Total tir spen occur	na (years) t in this pation	Other Contributory Causes of Importance:
14. BIRTHPLACE (Aty or town) (State or country)	19	mdo.		Nama of operation
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	ie Ci	Coope Ly, Mile	elmon Y	23. If daath was due to axternal causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR REM. Place	ele, 7	nd. mor	ch/9137	Manner of injury

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	PL
	WRITE
. No. 1	B.—W
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STATE	OF	MARYI	AND-CERTIFICATE	OF	DEATH
SIAIL	OI	MIVIZIF	VIAD CELLIII ICULE	. OI	DLA II

1	. PLACE OF DEATH	CERTIFICATE OF DEATH
	County Wicomis	Registration Dist. No. 333
	Village or City M. In Prolims	No. St., 9 War death/occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurredyrs,mos.	
2	FULL NAME for latte ann Davis	If U. S. Veteran, specify WAR
	(a) Residence: No. M. Jalisbury and	St., 9 Ward.
-	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREPY CERTIFY, That I attended deceased fro
6 1	DATE OF BIRTH (month, day, end yeer) Nov 9 1936	lest saw h. La alive on 22 Mar. 10, 131; death is s
	AGE Yeers Months Deys If LESS then	to have occurred on the date stated above, at 8-30044
	1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
z	8. Trade, profession, or perticular	Date of one
음	kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	mentranous croup was
OCCUPATION	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
S	10. Date deceased lest worked at this occupation (month and spent in this	
	year) occupation (month and spent in this	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) M. Jalyan	Other Contributory Causes of Importance.
	(State or country) Williams of ma	
FATHER	13. NAME Horley W. Dains	
AT	14. BIRTHPLACE (city or town) Williams Mc	Name of operation Oete of
_	(State or country)	What test confirmed diagnosis? Della What test confirmed diagnosis?
HE	15. MAIDEN NAME CAMPAGE PLANTAGE	23. If deeth wes due to externel causes (VIOL ENCE) fill In elso the collowing:
MOTHER	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
	(Stete or country) INFORMANT Dangley for Maring	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Menner of injury
	Plece Deling me 0ete 3/12 , 1937	Nature of injury
19.	UNDERTAKER Wm. Howard Wells (Address) Little willow Made	24. Wes disease or injury in any way releted to occupation of deceased?
20.	FILEOMOR 11, 1937 D. May Junes Registrar,	(Signed) Mannen M. (Address) Saladam Je

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

The principal cause of death and related causes of importance were as follows: Arteriosclerosis	ite of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		or importance were as asions.	
21.00.0000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	uly 5,1927	Peritonitis	3 days ago
APR 6 1937			
Other contributory causes of importance: S.		Other contributory causes of importance:	
the same and the s	ay 1,1923	Gastroenteritis	1 year

Date of onset

BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AFR 0 1331	July 5,1927	Peritonitis	3 days ago
SURPLANT V. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	1 - 1
Gallstones	May 1,1923	Gastroenteritis	_1 year

18. BURIAL,

19. UNDERTAKER

(Address)

CREMATION, OR REMOVA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03422
1. PLACE OF DEATH County Wiccomico	Registration Dist. No. 332
Village cr City Willords Coutsed	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mitchell & Dove	ds. How long in U.S. if of foreign birth?mosds. If U. S. Veteran, specify WAR_716
(a) Residence: Np. // Lands (Outsub)	USt.) Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White The process of the color of the word)	21. DATE OF DEATH OV. / 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joena Doves	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw ham alive on March 13 , 1977; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 9.70 Pam.
89 80 29 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
Trada, profession, or particular kind of work done, as SPINNER,	myremand Channe
SAWYER, BOOKKEEPER, etc.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last workad et this occupation (month and	
10. Date deceased last worked at this occupation (month and 93 o year)	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) Morylond	
13. NAME James Dodis	
13. NAME JOHNS DOGS 14. BIRTHPLACE (city or town)	
14. BIRTHP(ACE (city or town)	Neme of operation
(Smale of country)	Whet test confirmed diagnosis where an autopsy was there an autopsy when the confirmed diagnosis where we will be a support of the confirmed diagnosis when the confirmed diagnosis will be a support of the confirmed diagnosis with the confirmed diagnosis will be a support of the confirmed di
15. MAIOEN NAME Clefine Baker 16. BIRTHPLACE (city or town)	23. If deeth was due to external causas (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicida? Date of injury19
(State or country)	Where did Injury occur?
17. INFORMANT Mrs. Henry Propers	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related caus of importance were as follows: Arteriosclerosis	<i>)</i> 14	The principal cause of death and related causes of importance were as follows:	
21/10/10/00/00/00/00	1910	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6 1931	July 5, 1927	Peritonitis	3 days ago
BURGAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

2. FULL NAME Charles & Dennie (a) Residence: No. Willards.	Registration Dist. No. 332 No. St., St., St., St., St., St., St., St.
Village or City <u>Hillards</u> Length of residence in city or town where deeth occurred 86 yrs. 2 mos. 2. FULL NAME bluarles H Lennie (a) Residence: No. Hillards .	No. St., death occurred in a hospital or institution, give its NAME instead of street and number) O_ds. How long in U.S. If of foreign birth?
Length of residence in city or town where deeth occurred \$6 yrs, 2 mos. 2. FULL NAME blastes & Deunie (a) Residence: No. Willards.	death occurred in a hospital or institution, give its NAME instead of street and number) Ods. How long in U.S. If of foreign birth?
(a) Residence: No. Willards.	If U. S. Veteran, specify WAR no.
(a) Residence: No. Willards.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed, or Brorged	21. DATE OF DEATH (Month) (Dey) (Yea
HUSBAND OF Salfie Mary Dennes.	22. HEREBY CERTIFY, That I attended deceased much 9, 1932, to much 18, 19.
6. DATE OF BIRTH (month, day, end year) and 1st 1851	I lest saw MANNE elive on
7. AGE 8 Yeers 2 Months // Deys If LESS then 1 dey,hrs.	to heve occurred on the date steted ebove, et
8. Trade profession or particular	were as follows: Data of 3-1
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked at this occupation (month and	
10. Dete deceased lest worked at this occupation (month end yeer) 13.7.7	
12. BIRTHPLACE (city or town) New Hope	Other Contributory Causes of Importance:
(State or country) md'	
13. NAME Henry Denne	
13. NAME Henry Danne 14. BIRTHPLACE (city or town) Lashman 1	Neme of operation Dete ol
(State of country)	Whet test confirmed diegnosis? Westhere en eutopsy?
15. MAIDEN NAME Aselie C. Jrutt, 16. BIRTHPLACE (city or town) Years North	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Elma Vilbina! (Address) Wellowdo mil.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDVAL	Menner of injury
Place Danning Cern Date march 12, 19,37	Neture of Injury
19. UNDERTAKER Im Howard Wells. (Address) Tillrille, and	24. Was disease or Injury in any way releted to occupation of deceased?
20. FILEMAN, 12, 193 Killian R. Davis Registrar.	(Signed) Hauk Feige (Address) Williams Tunk

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Example I	ii ii	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
APR 6 1937				
Other contributory causes of importance: 5.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS	BY	PHYSICIAN
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A2191

1. PLACE OF DEATH	(3)
County Muonico	Registration Dist. No. 333
Village or City Salishung	No. M. D. Mauro Hornest, 9 War death opening in a hospital or institution, give its NAME instead of street and number)
	de. How long in U.S. if of foreign birth?yrsmosd:
2. FULL NAME Charles C, Soragha (a) Residence: No. John B. Basses No. (Usual place of abode)	If U. S. Veteran, specify WAR. Ward. Dridgetow M. If no president give city or toyen and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH Much 4, 193 7. (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22-/ 1 HEREBY CERTIFY. That I attended dacassed from
6. DATE OF BIRTH (month, day, and year) July 9, 1854	I last faw h A aliva on 12 , 1927; death is sai
7. AGE Yaars Months Days If LESS than 1 dey,	to have occurred on the deta stated above, at 3. A.m.
1 / 1 / 3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month end	Chr. Valv. Hear - 193
9. Industry or businass in which work was dona, as SILK MILL.	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
this occupetion (month end spant in this year) occupation	
12. BIRTHPLACE (city or town) And A	Other Contributory Causes of importance: 1939
(State or country) UM HUNEY	arter & ahlow 193
13. NAME George Woraghay	Ch In Mejohto 190
13. NAME GENGE City or town) (Stata or country)	Nama of operation Oats of Was there an autopsy?
# 15. MAIDEN NAME Clinadeth Smiley	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida?
X (State or country)	Where did injury occur?
17. INFORMANT This of Pasn Hand, Malor, (Addrass) As lighted. M.J.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
(1966 / 11 / fill fa Oate / 9/3/, 19	Natura of injury
19. UNDERTAKER THE SUIT A MARIN CO., (Addrass)	24. Was disaase or injury in any way related to occupation of daceased?
20. FILED Mich 5, 1934 Jr. May Juner	(Signad) M.
Registrar.	2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

V. S. No. 1

-WRITE

B. ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Exampl	e I		Example II	
The principal cause of death and of importance were as follows:	d related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis I 55 5	FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	P 6 1937	July 5, 1927	Peritonitis	3 days ago
808	PAU V. S.			
Other contributory causes of im	portance:	1.3	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis @ 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEALLY, 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN						

STATE OF MARYLAND—CERTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH,	1446
County Auconics	Registration Dist. No.
	No. Texas Sum Nospital St., 13 Ward of death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidenca in city or town where death occurred	sds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. Prince Usual place of abode)	If U. S. Veteran, specify WAR St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Persole 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3/2
married	(Month) (Dey) (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of Norman Fitzgerold	22. 3 I HEREBY CERTIFY Thet I attended daceased from
6. DATE OF BIRTH (month, day, and year) June 24th 1898	l last sew har alive on 3/2 1937; daath is said
7. AGE Yaers Months Days If LESS than	to have occurred on the date stated above, at 2.05 m.
38 8 1 1 day,hrs.	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Neworkoge - 32/2
9. Industry or business in which	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance: Section for
(State or country) Md	12.el - infant twhen
13. NAME Ota Bounds	would not leng on to
14. BIRTHPLACE (city or town)	Name of operation Conserve Bellon Date of 2/37
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maggie downsens	23. If daeth was due to axternal causes (VIOLENCE) fill in also the following:
6 16, BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of Injury, 19
(State or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Wriley Bounds (Address) Suncest amen	Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piece Ormices amadete 3/5th, 19 3	Neture of injury
19. UNDERTAKER OMSmith	24. Was diseese or injury In eny way related to occupetion of dacaased?
20. FILED Mch 2 1934 & May Jurner.	(Signed) Maula R Mann
Registrar.	(Address) Dalistry Jul

V. S. No. 1

N. B.-WRITE PLA

PHYSICIANS should state

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

UNFADING INK-THIS IS A PERMANENT I

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 0 1997	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	D-CERTIFICATE OF DEATH U3437
1. PLACE OF DEATH	<u> </u>
County//llomile	Registration Dist. No. 333
Village or City Saluty mg.	No.3//Maylow St. 5 Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME 2 27 of Canal	- // VAR A D. S. Veteran, specify WAR
(a) Residence: No.3/// Maylow	St. 5 Ward. Calestry 1119.
(Sual place of abode)	If nonresident vive city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWS	
OR DIVORCED (write the wo	
made While angle	(Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(01) WIFE 01	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Mar. 3. 19	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS to	The state of the s
1 day, or mir	were no follows.
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this cerupation (month and	Sullo
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	atur
SAW MILL, BANK, etc	poor the
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation	1 C1 mas
occupation .	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) Parterley	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Salishey	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicido?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Comments of Dettopped	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 3/1, Mayor M. Saluty 1 18. BURIAL CREMOTION, OR REMOVAL O	ma.
Tassons less. Mas. 41	37 Manner of injury
Place Date Date 11.,19	Nature of injury
19. UNDERTAKER VIJOUTH CO.	24. Was disease or injury In any way related to occupation of deceased?
(Address) fallship May	If so, specify
20. FILED Meh 7, 19 9 7/ X: May Juris	(Signed) M. D.
Registra	
If more blanks are needed, address State Reg	sistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Jansiones		May 1,1923	Gastroenterius		1 year
	ADDITIONAL SPACE FO	OR FURTH	ER STATEMENTS BY I	PHYSICIAN	

V. S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jay 5,1927	Peritonitis	3 days ago
APR 0 1991			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13429
1. PLACE OF DEATH	82-00
County Niconnics	Registration Dist. No.
Village or City Salisfury N. D. #4	No. St., 5 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred lightsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Seven 7 Hayn	aou
(a) Residence: No. Solishing This (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (ruffice the word) STATUS OF THE WORD OF T	21. DATE OF DEATH Month (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carpline Black	1 HEREBY GERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Zunkurw	Hast sew h. 42 alive on 2 2 1 19 3 death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, et. 8:30 A.m.
7.5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Jasune	Chrebral humovleage hear
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and a contraction) in the second in this	3
10. Date deceased last worked et this occupation (month and 9 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
12. BIRTHPLACE (city or town) Fruitland	Other Contributory Causes of importance:
(State or country) 726	
13. NAME Thomas Daynow	10-4
14. BIRTHPLACE (city or town) Zungenstry	Name of operation
(State of Country)	What test confirmed diagnosis? Was there en autopsy? 24
15. MAIDEN NAME Melle Black	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Jungulary (State or country)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Mod.	Where did injury occur?
17. INFORMANT Caroline Mannay 1.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Moste 3/9/37 19	Manner of Injury
19. UNDERTAKER Mrs. St. Messich offices	Neture of Injury 24. Was disease or Injury In any way related to occupation of deceased?
(Address) Jacob ma.	If so, specify
20. FILED Mch 8, 1937 & May Junes Registrar.	(Signed) MAD (Address) And Send (Address)
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. r.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife im answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 100 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUSEAS V. S			
April 10 married and			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	OE FOR	FURTHER STATEM	ENTS BY	PHYSICIAN

V. S. No. 1

STATE OF MARTEAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Wicomsuo	Registration Dist. No. 333
Village or City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
9 / 4/. 0/	os. How long in 0.3.11 of foreign mittir.
(a) Residence: No. Allan Mar. (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Way. 29, 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Mary 7 Havington	22. I HEREBY CERTIFY, Thet I attended decaasad from 18. 19.57, to 18. 19.37
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	lest saw haza alive on 1222 28, 183/; death is said
74 9 4 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or perticular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc	Chromyaarlet 1936
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total tima (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME Beauthamp & groungton	
14. BIRTHPLACE (city or town) Pusalne Med (State or country)	Name of operation Dete of Was there en autopsy?
15. MAIDEN NAME Andelie Summ 16. BIRTHPLACE (city or town) Biralul Mg (Stata or country)	23. If death wes due to external causes (VIOLENCE) fill in eiso the following: Accident, suicide, or homicide?
17. INFORMANT Dance Harrington (Address) Salisbury (12	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dinalus, My Dete Zuaru 3.1., 190.	Menner of injury
19. UNDERTAKER Mys Golfessis 09 Jones (Address) Swalno Mgg	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED March 3 / G. May Junes Registrar.	(Signed) M. D. (Address) Salada

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FELVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03431
1. PLACE OF DEATH	(10401
County Wickerico.	Registration Dist. No. 333
Village or City & alix bury, U.S.	No. You I suit from that Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead a treet and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Salio. BALLEL Y	4
A TOLL MAINE SON TOL 10 00000	cary:
(a) Residence: No. (Usual place of abode)	St., lf nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 - 29 - 193 (Year)
5a, If married, widowed, or divorced HUSBAND of (or) WIFE of 12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22. I HEREBY CERTIFY. That I attended deceased from $3-26-193$, to $3-29-193$
6. DATE OF BIRTH (month, day, end year) les. 3, 1904	I last saw h. alive on 3 - 2 9 , 193); death is sald
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, et la common. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and properties) of the properties of the properti	Several Pentonitia
9. Industry or business in which work was done, as SILK MILL,	Patient hard large peline abscess, with
SAW MILL, BANK, etc	general perstavition, when admitted to hose
this occupation (month and spent in this yeer) occupation	- pitale Couse: Unknown; but probably not purperale
12. BERTHPLACE (city or town)	Other Contributory Causes of importance: Acute Velvie Suffammalan
(State or country)	Lossene · Cause: Unknown; but probably
13. NAME & an in a. Bourse.	not purposal cul Rh
13. NAME 3 COLUMN . 13 TOWN. 14. BIRTHPLACE (city or town) . (State or country)	Name of operation Personal Dete of 727.77.7 What test confirmed diagnosis? Descher Was there an autopsy?
15. MAIDEN NAME Us anthra Ella Ella Foreman	,23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MATDEN NAME LE CATOLIC EDOC FORENCE 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT Milfard Junia Knid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 12 Min. M.4. Date MM 2. 1937	Nature of injury
19. UNDERTAKER . W. Bushing and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED March 2919 37 V. May Justil	(Signed) Clearly The M. D. (Address) Delebration Such
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related eauses of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AFR 0 1331	July 5,1927	Peritonitis	3 days ago	
SURFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u> </u>			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03432
1. PLACE OF DEATH	(m)
County lluconica for	Registration Dist. No. 335
Village or City Sharplace and	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foraign birth?mosds.
2. FULL NAME James Houngland	If U. S. Veteran, specify WAR
(a) Residence: No. Sharfitous md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) male R. A	21. DATE OF DEATH Month) (Month) (Oay) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Julie Houngton	22. I HEREBY CERTIFY. That I ettanded daceased from with 20 ,1937, to Our heart ,19 37.
6. DATE OF BIRTH (month, day, and yaer) chaul (1885	I last saw h alive on, 19.37; death is said
7. AGE Yaars Months Days If LESS than	to have occurrad on the date statad abova, at
3-6- 1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
8. Trade, profassion, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	Chronie Bright Secret
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) / 9247.	Direction: two or more grands
12. BIRTHPLACE (city or town) Portaville (State or country)	Other Cantributary Causes of importance:
The state of the s	
14. BIRTHPLACE (city or town) Parlamelle	Name of operation
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Control of the second of the	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANTARE Fillig Harman Lan (Addrass) Sharthleur mice	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL md	Manner of Injury
Place from laten; Oate MAN 28, 1937	Neture of injury
19. UNDERTAKER Joseph Shippllicont	24. Wes disease or injury In any way related to occupetion of decaased?
20. FILED 3/38 1937 W. P. Kobinson	(Signed) Treatie M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying; e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		*	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU	VS			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 03434
1. PLACE OF DEATH	(2.3)
County//commutes	Registration Dist. No. 1 333
Village or City Saluthy Md	No 903 E. Church of 5 Ward
25 (H	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred yrsmos.	How long In U.S. if of foreign birth?
2. FULL NAME Queel ag Jea	If U. S. Veteran specif WAR
(a) Residence: No. 903 E. Church (Usual place of abode)	St., Ward If nonresignt give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4	21. DATE OF DEATHMANCh 25, 1937
	(Month) (Oey) (Meer)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
6. 10 161	1936, to 25, 1931
6. DATE OF BIRTH (month, day, and dar)	last saw have Celive on 19 ; death is seld
7. AGE Years Months Days If LESS than I dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
ormin.	were as follows:
8. Treda, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this ofcome of worth and sand in the	Oschum poembres Kaley
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	A -
	- Past
year) // / S Gccupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or foyn) Chan Ce	Pulsarmy olive / By
(State or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Neme of operation
(State of County)	Whet test confirmed diagnosis?
15. MAIOEN NAME MAPERINA 16. BIRTHPLACE (city or town) Maperina (State or country)	23. If death was due to externel causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stata or equntry)	Where did injury occur?
17. INFORMANT Causel J. Jeach	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) 943 E. Church et Sah	Ing Mid
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place - Alexander - Deta - Deta - 19	Neture of injury
19. UNDERTAKER Address)	24. Was disease or injury in any way releted to occupation of deceased? 200
722 7 2 2 M. 7	If so, specify Milling In
20. FILEO MCh 1,190 / May Registrar.	(Signed) M. O. (Address) M. O.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
	C Danier of parents of J. 170. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR 6 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03435
1. PLACE OF DEATH	95-2
County Wicomico	Registration Dist. No. 333
Village or City Salisbury Md.	No. R. F. D # 3 St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
11 1.19	
2. FULL NAME Desekraf Lewis	If U. S. Veteran, specify WAR
(a) Residence: No. Salisbury 1, T. W. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Malo	21. DATE OF DEATH 3 9 1937
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Nettre Lewis	1 HEREBY CERTIEY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) July 4, 1868	I last saw he salive on March 9 , 193 , death is sald
7. AGE Yaars Months Deys If LESS than	to heve occurred on the date stated above, atm.
68 8 1 3 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ratated causes of importance were as follows:
8 Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Dardio Dena 724
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate dacaased lest worked at 2-15-32 II. Total time (years) this occupation (month and	Pireno
10. Oate dacaased lest worked at 2-15-32 II. Total time (years) spant in this occupation (month and 2-15-32 occupation	
12. BIRTHPLACE (city or town) ascomac	Othar Contributory Causes of importance:
(State or country)	
13. NAME Thomas Smith	
14. BIRTHPLACE (city or town) accomac	Neme of operation
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Idannah Lawis	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
15. MAIOEN NAME Jannah Lowis 16. BIRTHPLACE (city or town) Accomac (State or country)	Accident, suicida, or homicide?
17. INFORMANT Edward Lowis (Address) Solval Lowis	(Specify city or town, county and State) Specify whethar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Probles Cemetery Salis, Oate Mar. 13, 1937.	Mannar of Injury
19. UNOERTAKER James F. Stewart (Address) 462 & Charles St. Salah Med	24. Was disease or Injury in any way related to occupation of decaased?
20. FILEO March 13,1937 L. May Justier Registrar.	(Signed) Leavel 10 71 By M. D. (Address) 2 M. D.
If more blanks are model address State Periodical	and M. Chalastra B. Line B. Li

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			12	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Viconica	Registration Dist. No. 330
Village or City Mardela Springs, Md.	NoSt.,Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4.7-yrs	is death occurred in a horpital or institution, give its NAME instead of street and number) is. 2 / _ds. How long in U.S. If of foreign birth?
2. FULL NAME Namie E. Lloyd	If U. S. Veteran, specify WAR
7	. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word)	21. DATE OF DEATH
58. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That tattanded deceased from
1	- March 19 37, to March 440, 1937
6. DATE OF BIRTH (month, day, and year) January 14, 1890	I last saw h_ LN alive on Pracel 4 4 11., 19.3]; death is seld
7. AGE Years Months Oays If LESS than I day,hrs	to have occurred on the data stated above, at
47 / Z I rede profession or particular	were as follows:
8. Trada, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	Cleanic Endoradition
	Chronic noplui lis
9: Industry or business in which work was done, as SILK MILL, Shut Jackson 10. Deta daceased last worked et 10. Deta daceased last worked et 11. Totel time (years)	
this occupation (month and 1932 spent in this 20 occupation 20	
No	Other Contributory Causes of Importance:
(State or country) 12. BIRTHPLACE (city or town) (State or country) Md.	
I 13. NAME John J. Lloyd	
13. NAME John J. Lloyd 14. BIRTHPLACE (city or town) Wicomics County (State or county)	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Lattie Venables	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Wicomico County (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Unthur I kloyd (Address) May dela Ingen Md.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place March 7 1937 Data 3/2 , 193;	Neture of injury
19. UNDERTAKER I I Transaction + Son	24. Was disease or injury in any way releted to occupation of decaased?
(Addrass) Hale alsting Mid.	If so, specify
20. FILEO 3/7/3719 MA (Potentia)	(Signed) Williams Esservicle M. O.
Registrar.	(Addrass) Helly mu.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example 1	i	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR 1997	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			<u> </u>	

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	ay.	
1. PLACE OF DEATH	(B)		
County like see Co -	Registration Dist. No. 33	3	
Village or City Salisan and	. Mo Pari & sie & Horse . 13	Ward	
(1)	death occurred in a hospital or institution, give its NAME instead of street and number		
Length of residence in city or town where death occurredyramos	ds. How long in U.S. if of foreign birth?yrshos	ds.	
	surve.		
(a) Residence: Np. South Hall	See S. Ward.		
(Umani place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH 2 - 9 -	1	
Tauale Col. surge	(Month) (Day) (Y	(aar)	
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of	22. HEREBY CERTIFY, That i attanded deceas		
March 9 1934	, 19, to		
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw h aliva on, 19; death	n is said	
1 day, hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
ormin.	wase as fallows:	ofonset	
8. Trade, profession, or particular kind of work done, as SPINNER,	1/		
SAWYER, BOOKKEEPER, atc	// umaturel		
work was dona, as SILK MILL, SAW MILL, BANK, atc.			
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.			
year) occupation	Other Coatributory Causes of importance:		
12. BIRTHPLACE (city or town).			
(State or country)			
13. NAME Richard Willbourse			
13. NAME K Co and Walter	Neme of operation Date of		
(State or country)	What test confirmed diegnosis? Was there an autopsy		
15. MAIDEN NAME I since I shall may be used as the single	23. If daath was due to external causes (VIOLENCE) fill in also the following:	1	
T I S DISTINGUES CO.	Accidant, suicide, or homlelde?	0	
16. BIRTHPLACE (city or town) (Stata ar country)	Where did injury occur?	3	
Par less Harrital	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,		
17. INFORMANT AMAZIAN Soury, Man.	open, made injury occurred in modern, in nome, or in obein reace.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
Place of those of al Date Mich 1, 1937	Natura of injury		
o. Magica is alisarry, byd. o.	24. Wes disease or injury in any way related to occupation of deceased?		
19. UNDERTAKER South: Sen Hen Josephal Jacky	if so, specify		
mal 10 .34 1.19	(Signed) Milliam	M. D	
20. FILED Charles 193/ With May Justilla Registrar.	(Address)	ы. О	
Acgurar.	N. Ci. J. C. J. D. L. J. D. J. J. J. D. J. J. J. D. J. J. J. D. J. J. J. D. J. J. J. J. D. J. J. J. J. D. J.		

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SURPAU V. S.	1 2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

should state of OCCUPA-

1. PLACE O	Total		Registration Dist. No.335		
	city Sharotown	%	No. St., If death occurred in a hospital or institution, give its NAME instead of street and it	ware ware	
2. FULL NA	ME Elizabetl	n M. Milligan	osds. How fong In U.S. if of foreign birth?yrsmi		
(a) Residen	ce: No. Sharptoy	yn, l'aryland (Usualplace of abode)	St., Ward. If nonresident give city or town and	State	
PERSON	AL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Female	White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W100W	21. DATE OF DEATH **arch 20 (Month) (Day)	, 193. ⁷ 7	
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced Hanson Mi	illigan	1 HEREBY CERTIFY, Thet I attended		
7. AGE Yes	(month, day, end year) Jai ars Months	nuary 7, 1857 Days If LESS than 1 day,hrs	to heve occurred on the date stated above, at 5 8 m.		
kind of v	business in which	House work	Therestand arthrests	Date of onset	
	ed fast worked et pation (month and 1920	II. Total time (years) spent in this Life occupation Life			
12. BIRTHPLACE (ci	ty or town) Doro	hester County Vland	Other Centributery Causes of Importence:	-	
13. NAME	Mace Messi	ck		-	
14. BIRTHPLACE	(city or town) Dorch	nester County	Neme of operation		
15. MAIDEN NA	ME Elizabet	th Vaughn	23. If death was due to externel causes (VIOL ENCE) fill in also the following		
	(city or town) Dorch country) Mary	nester County Land	Accident, suicide, or homicide?		
17. INFORMANT (Address)	Mrs. Josephi Sharptown,	ne Wheatley Taryland	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE,	
18. BURIAL, CREMAT	TION, OR REMOVAL	Date March 22,19 3	Manner of Injury		
19 IINDERTAKER	J. J. Frampt	om & Son	24. Was disease or injury in any wey releted to occupation of deceased?		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Address)

Federalsburg

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 5 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			27 01	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated . E X A C T L Y. properly classified. FOR BINDING MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important. -WRITE

STATE OF MARYLAND-	-CERTIFICATE OF DEATH- 3498
1. PLACE OF DEATH	(In) please
County Vicomics	Registration Dist. No. 33/
	NoSt.,War
2. FULL NAME (a) Residence: No. 2. Sussible to the sussession of a bode)	sds. How long in U.S. if of foreign birth?yrsmosds St,Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 5 1937 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY That I ettended deceased from 1937 to 2000 AJ 1939
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h. 122 elive on 2
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	B. Premonda ha
12. BIRTHPLACE (city or town) Susuiff (State or country)	Other Contributory Canoes of importance:
13. NAME LAMBS Clifto Mitchell 14. BIRTHPLACE (city or town) Casather (State or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AMELY MANDES MULLIUM (Address) 18. BURIAL, CREMATION, OR REMOVAL Place AMELY MANDE 3/17/3, 75	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury
19. UNDERTAKER Mrs. Phys. Resiek Sou's md. 20. FILED Mch 17 1937 mis m Halley	24. Was disease or injury in any way related to occupation of deceesed? If so, specify (Signed)
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance;	
Gallstones	May 1,1923	Gastroen Jerilis OR 8 4037	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I	11/1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 6 931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Luly 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

SIAIL OI	MAKILAND	CENTILICATE OF DEATH	O D L L W
1. PLACE OF DEATH		11-0.	22.0
County Vicamica		Registration Dist. No.	332
Village or City near Paras	mshera mdo	ulside/	St.,Ward
Length of residence in city or town where death	and of the	death occurred in a hospital or institution, give its NAME instead of	
2. FULL NAME Moses The	Mrs Parker!	If U. S. Veteran, specify WAR na	
(a) Residence: No. Parson	africal trule	Ward. If nonresident give city or	town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DE	
	SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	3
male Col	OR DIVORCED (write the word)	(Month) (Day)) 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E			
(OF) WIFE of Ellen Jark	sey.	22. HEREBY CERTIFY That I	attended deceased from
6. DATE OF BIRTH (month, day, end year)	a hutt 1857		., 103-); death is seid
7. AGE Years Month's	Deys If LESS than	to have occurred on the date stated above, at	
79 8	19 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Import were as follows:	,
8. Trede, profession, or particular		were as timows.	Date of onset
kind of work done, as SPINNER, And SAWYER, BODKKEEPER, etc.	rmer	Johan manna	110/37
a Industry or husiness in which			
work wes done, as SILK MILL, SAW MILL, BANK, etc.	one.		
- Ins occupation gritorgi pila,	11. Totel time (years) spent in this		
year)	occupation defle	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town Jana			of
(Stete or country)	1 md.	The	12/37
13. NAME William Tan 14. BIRTHPLACE (city or town) Parsa	ker.		
14. BIRTHPLACE (city or town). Passa		Neme of operation	Date of
(State or country)	md.	What test confirmed diagnosis? Was	there an autopsy?
15. MAIDEN NAME Ebby 1	Tarkew.	23. If deeth was due to external causes (VIOLENCE) fill in also the	e following:
16, BIRTHPLACE (city or town)	Parsondong'	Accident, suicide, or homicide? Dete of inju	ry
∑ (State or country)	12nd	Where did injury occur?	
17. INFORMANT Millie CI ATT	inama:	(Specify city or town, coun Specify whether injury occurred in INDUSTRY, In HOME, or In P	ty and State) UBLIC PLACE.
(Address)	usoustant ral		
18. BURIAL, CREMATION, OR REMOVAL	-	Manner of Injury	
Place Stast Hill Gem.	Date March 1541937	Nature of injury	
19. UNDERTAKER Um Horward	stelly.	24. Wes disease or injury in any way related to occupation of dec	eased?
(Address)	sulle Ind	If so, specify	
20. FILED J. A. 1. 192 J. d. s.	leant day	(Signed) (Address)	M. D.
If more blan	ks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.	. 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	infor-	state	UPA-
S E	Jo	pli	CC
MI	item	should	O Jo
	ORD. Every item of infor-	HYSICIANS	statement of OCCUPA.
	RD.	YSI	sta
		1	

FOR BINDING

V. S. No. 1

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Exact B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

STATE OF MARYLAND	CERTIFICATE OF DEATH	I I I
1. PLACE OF DEATH	(J3I)	
County Milwinics	Registration Dist. No.	336
Village or City Lellmag Ind	NoSt.,	Ward
Length of residence in city or town where death occurred yrs		
2. FULL NAME Many Cle of fell	If U. S. Veteran, specify WAR	
(a) Residence: No. Deffma (Visual place of abode)	St., Ward. If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHY	193 7
52 If married Widowed or divorced	(Month) (Oay)	(Year)
5d. If married, Widowed, or divorced HUSBANO of (or) WIFE of Janes Allijs	22) I HEREBY CERTIEY, That I ettended de	ceesed from
6. DATE OF BIRTH (month, day, and year) July 4/ 1859	14. 1. 12. 32	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
78 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Trade profession or particular	A2 0 0 -A	Date of onset
SAWYER, BOOKKEEPER, etc.	Throne My hours	72m
A Trace, professing, or particular that the second of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and this occupation).		/
SAW MILL, BANK, etc		
this occupation (month and spent in this year)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country)	Home long	2dow.
13. NAME JOSEPH LEGICOS		/
14. BIRTHPLACE (city or town)	Name of operation Date of	
(Spare of Eventry) / Herry	What test confirmed diagnosis? Was there an eut	opsy?
I 15. MATDEN NAME CLASSIC Surfler	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
15. MATDEN NAME Classification of the state	Accident, suicide, or homicide? Date of Injury	, 19
(State or counity)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT MASS ANGELY The ASSESSMENT (Address) (Leafman, Leaf)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Ε.
18. BURIAL, CREMATION OF REMOVAL Leilmit, Leil	Manner of Injury	
Place 14	Nature of injury	
19. UNDERTAKER SILLS - Harry (Address) 10. I have been simple to the sill of t	24. Was disease or injury In eny way related to occupation of deceased?	<u>. </u>
The file of the state of the st	If so, specify The Canal	
20/46sters 05,1937 Harry & Maden	(Signed) (Address) Delana Inc	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
		TE PON	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03442
1. PLACE OF DEATH	107-2
county telorine	Registration Dist. No. 333
Village or City Salishy Md.	No. Blenne St., 9 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred rs	ds. How long in U.S. il of foreign birth?yrsmosds.
2. FULL NAME / Mysen	If U. S. Velepan sparty WAR
(a) Residence: No. Slewn	St., Ward. The mag
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
OR INVORCEO (write the word)	a. Date of Death March 1, 193 7
5a. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
HUSBANO of Cory Wife of Translation of Phone of Cory Wife of Translation of Cory Wife of Cory Wi	22. I HEREBY CERTIFY, That I attended decaesed from
The start of my gran	Feb. 24, 1937, 10 Messels 1, 1937
6. DATE OF BIRTH (month, day, and yeer) Sperif 15. 187	I last saw h alive on Wellell, 193_ 7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, et 150 m.
63 10 16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Treda, profession, or particular kind of work dona, as SPINNER,	Brouclesquemens 7els. 2
SAWYER, BOOKKEEPER, etc.	(/
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this condition must have	Chronic negocardeal
SAW MILL, BANK, etc	Lailuse when
10. Data daceased last worked at this occupation month and 936	()
11 -1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city glown) (State or country)	asteriose lerosus munios
E / Mala /	
4. BIRTHPLACE (city or town) (State or country)	Name of operation 2001 Data of
	What test confirmed diagnosis? Classic Confirmed Westhare an autopsy? R
E P 15-10 1	22-15 deeth was due to external causes (VIOLENCE) fill In also the following:
Stategor country)	ccident, suicide, or homicida?
Mes Viele & pl.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CRIMATION, OR REMOVAL	
Place assers and Date Mas. 4, 193	Manner of injury
The Fermi	Natura of Injury
19. UNOERTAKER (Addiass)	24. Was disease or injury in any way related to occupation of deceased?
12 1 11 24 104 12. 01	If so, spacify
20. FILED Meh 7, 19 9/ f & May Sumer Registrar.	(Signed) M.O. (Address) Sales leerry Manufered
	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation ean be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR 6 1937	July 5,1927	Peritonitis	3 days ago	
MUREAU Y. S.				
Other contributory eauses of importance:	Contract Con	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
•======================================				

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	DI MUE	LOW	LOWITTER	DIVIDATEMENTO	DI	LILIBIOIAN

ADDITIONAL STATE FOR TORTHER STATEMENTS BY THISIOTAL



OCCUPATION

FATHER

MOTHER

17. INFORMAN (Address

19. UNDERTAKER (Address)

15. MAIDEN NAME

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town

18. BURIAL, CREMATION, OR REMOVAL

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	173
County Wifomila	Registration Dist. No. 333
Village or City Edea	No. 2 A 41 (Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 3 - yrsmos.	
2. FULL NAME Pandalph in. Pal	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) And the widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of margaret Polls	22. I HEREBY CERTIFY, Thet I attended daceased from 1936, to 19
6. DATE OF BIRTH (month, day, and year) lung 7 1907	I last sew h alive on
7. AGE Yeers Months Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and reletad causas of importanca were as follows: Date of onset
E. Trade, ptofassion, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	Durchof vone of
9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. SAW MILL, BANK, etc.	3/13/37
O 10: Date deceased last worked at this occupation (month end 3 this occupation (month end 3 this occupation occupation occupation occupation occupation	
12. BIRTHPLACE (city or town) Alles	Other Contributory Causes of importance:

12. BIRTHPLACE (State or country) 13, NAME

What test confirmed diagnosis?

(Specify city or town, county and State)
occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Nature of Injury

24. Was disease or injury in any wey releted to occupation of deceased?

If so, specify (Signed)

(Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

V. S. No.

ğ

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	3 Date of onset	
Arteriosclerosis , RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhuge APR 6 1937	July 5,1927	Peritonitis	3 days ago	
NUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			100000000000000000000000000000000000000	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF WARTLAND	-CERTIFICATE OF DEATH 03444
1. PLACE OF DEATH	82.00
County Wicomico/1	Registration Dist. No. 332
Village or City Axwell Oule and	NoSt.,Ward
11/.	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Hambert blay ()	If U. S. Veteran, specify WAR
(a) Residence: No. A sulliville ma	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED & write the word)	21. DATE OF DEATH 3 22 7
Male 20 Widawww	(Month) (Day) (Year)
ie. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Martha I (will	22. I HEREBY CERTIFY, Thet I ettended deceased from
1 11/4	I last seven alive on 3 - 2 2 19.37; deeth is seight
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3: 30 Pm.
70 9 /8 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
	were es follows:
8. Trade, prófession, or perticular kind of work done, es SPINNER,	Cerebral Hemmage 3 20:
kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
work was done, as SILK MILL, Stare Science	
10. Date deceased last worked at this occupation (month and 1934 spent In this occupation wear)	
this occupation (month and 1937) spent in this 144 year)	ho.
DIRTURI ACT (situations) and	Other Contributory Causes of Importance:
(State or county)	New Jan
13. NAME Lambert 6. //well	- Topposition -
n. d	Nome of acception
(State or country)	Name of operation Dete of What test confirmed diegnosis? Clumber Was there en eulopsy?
15. MAIDEN NAME Margaret 6. Julius 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
(Stete of Country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) Paull Alle md	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Austell Wills Mr. Date March - 24, 19.3.	Nature of Injury
19. UNDERTAKER J. W. Bustage	24. Was disease or injury in any way related to occupation of deceased? *** If so, specify
(Address) / 2 4 -	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 6 1937	1 %			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	URTHER STA	ATEMENTS B	Y PI	HYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II			
The principal cause of death and related eauses of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage APR 6 1937	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SURPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
•				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—V

STATE OF MARYLAND	CERTIFICATE OF DEATH 10344
1. PLACE OF DEATH	(8)
County Ricomile	Registration Dist. No. 333
Village or City Jahrhy Md	No. P.S. Hogatul St /3 Ward
	If death organized in a hospital or institution give its NAME instead of street and number)
1114-00	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME BALY Kazons	If U. S. Veteran specify WAB
(a) Residence: No 2 62/ Monthsment	Ward Salishy Ind.
(Usual place of abode)	if nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 COLOB OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 3
Hemale White OR DIVORCED (write the word)	193 7
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	J/V, 19.3 7, to 2/18 , 19.3 7
6. DATE OF BIRTH (month, day, and year) March 13, 19	i Tart saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.4. 2m/u -
0 0 1 day,hrs	was as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still bom Sufant
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and second in this programme) and second in this second in t	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
- the occupation (month one spent in this	
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or pountry) Jahrhy Juck	
13. NAME J. Celif / Ragins	
14. BIR HYLACE (city or town)	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
2 15. MAIDEN NAME Helen S. West,	23. If death was due to external causes (ViOLENCE) fill in also the following:
15. MAIDEN NAME Helen S. Helet, 16. BIRTHPLACE (city or towns/17/10). There was a country of the or co	Actident, suicide, or homicide? Date of injury 19
State or country)	Where did injury occur?
Lilil Ragin.	(Specify city or town, county and State) Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT (Address) 202 Minustry 1. /2944	Actions May accurate the mount, in Home, of the public reace,
18. BURIAL, CREMOTION, OR REMOVAL	Manner of injury
Place Percy/ funkion lesses Mal 1/63	Nature of injury
19/allegen + P	
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salishy Ma.	If so, specify The Standard
20. FILED Meh 17, 19 37 J. May June	(Signed) (M. D.
Registrar.	(Address) Successfully, Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1./

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis e 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
II V. S.	11			
Other contributory causes of importance:	100	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. TION is very important. See instructions on back of mation should be carefully supplied. N. B.—WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(191)
County Vorcesus	Registration Dist. No. 332
Village or City Near Mardela	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Oshoum R Robinson	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Name OR DIVORCED ("write the word)	21. DATE OF DEATH Mach 301. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dina Robinson	22. I HEREBY CERTIFY. Thet I attended deceased from 1932 to 1937
6. DATE OF BIRTH (month, day, and year) Sec 5 1881	I last saw h alive on 19 ; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, at _//= 4 - R_m.
5.6 2 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Desta de compet
Industry or husinass in which	Chronic Bug to Season
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Duration: about one year acouses.
10. Date decaased last worked et this occupation (month and \$13.13.7. spent in this occupation	The state of the s
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importence:
(Stata or country) Mary Come	July colion
13. NAME Lerdand Robinson	
13. NAME Alrdand Robinson 14. BIRTHPLACE (city or town) (State or country)	Name of operation
I 15. MAIDEN NAME Mastern Venables	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Marteen Venables 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mis Lina Robinson (Addrass) Mardela Md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Placa March 5, 1957	Nature of injury
19. UNDERTAKER IT. A Darven or 7 1300 (Address) Sharatown M.	24. Was disease or injury In any way ralated to occupation ot decaasad?
20. FILED 3/5 , 37) Carmitary Registrar.	(Signed) Trobe Dance M.D.
	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MECORD. Every item of infor-N. B.-WRITE PLYINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 0344
1. PLACE OF DEATH	F7.C)
County///Comme	Registration Dist. No. 30
Village or City Salusty Ma.	No Falsely 111 Center St, 13 W
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrs,mos
2. FULL NAME Phileda (! Koul	If U. S. Veterap, speciff WAR
(a) Residence: No./// Centur (Usual place of abode)	St., 13 Ward States Hef State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) The search of the search of the word)	21. DATE OF DEATH Mar. 14. 1937. (Month) (Day)
(or) WIFE of E. S. Roulow	122. I HEREBY CERTIFY, Thet I attended dacased
5. DATE OF BIRTH (month, day, end year) Open 11. 1898	I last saw / walive on warch 1 4 19 2 ? death is
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 4, 33 Pm.
38 // 3 1 day,hrs.	mere as follows: Or DEATH and related causas importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Calamus / Tage Date of
9, Industry or Dusiness in which work was dona, as SILK MILL,	mushing & helas his hall
10. Date dacrased last worked at this occupation (month and years) spent in this occupation (month and year)	fr hast thing
12. BIRTHPLACE (city or town) Yeather for	Other Contributory Causes of importance:
(State or country)	
13. NAME Tranci may	
14. BIRTHPLACE (city or town)	Name of operation flesching tales Date of Klay
(Stata of Country)	What test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME Caroline Morce	23, If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country)	Where dld Injury occur? (Specify city or town, county and State)
17. INFORMANT dwarf S. Saluty 7	Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Place Date Date Date Date Date 15 1937	Menner of injury
19. UNDERTAKER) tellong + 6	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED Mar 13, 193/ D. May Luner Registrar.	(Signed) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:	· ·	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03450
1. PLACE OF DEATH	(48)
count ticomico	Registration Dist. No. 333
Village or City Salishy 7nd.	No. 408, Relaced. St. 3 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Matalie B. Kuans	P If U. S. Veterau, specify WAR
(a) Residence: No. 408 Record	St. 5 Ward Calisters MG
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OKONIVORCED (while the mord)	21. DATE OF DEATH March 18# 1937
5a. If marriad, widowed, or difforcad	(Month) (Day) (Véar)
(or) WIFE of Hors of W. Rusante	22. I HEREBY CERTIFY, That I attended deceased from
1 6 10 196	//-22, 1936, to 3-18-, 1937
6. DATE OF BIRTH (month day, and year)	last saw h_ex elive on3
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, at 4.4.m.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House large SAWYER, BODKKEPER, etc.	A
	Carcinoma reterns
9. Industry or business In which work was done, es SILK MILL,	
SAW MILL, BANK, etc	
10. Deta decaased lest world at this occupation (month and) spent in this occupation occupation	
Mrt. Vlanne	Other Contributory Causes of Importanca:
12. BIRTHPLACE (by or town) (State or country)	Carcinomatorio
	-
14. BIRTHPLACE (city or town) MIT Dung	
4 14. BIRTHPLICE (city or town)	Name of operation Dete of
(derie of country)	What test confirmed diagnosis? Wes there an autopsy? N
15. MAIDEN NAME Melling Brooker 16. BIRTHPLACE (city or town) 11. Pergasa	23. If death was due to external ceuses (VIOL ENCE) fill in elso tha following:
	Accidant, sulcide, or homicide?, 19, 19, 19, 19, 19, 19
E (State or country)	Where did injury occur?
17. INFORMACT CAY A. M. Buck A. M. (Address)	(Specify city or town, county and State) Specif whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMANO, DR REMOVAL	Member of injury
Placellen Md. Dato March 2/1937	Nature of injury.
19. UNDERTAKER Helloweyt 6-	24. Was diseasa or injury in any way related to occupation of decaesad?
(Address) Saluty mo	If so, specify
20. FILED Mehr. 20, 193 J. Way Jumes. Registrar.	(Signed) (Address) Salastury, Said M. D
If more blank are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APD 6 1937	July 5, 1927	Peritonitis	3 days ago	
ALOEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
The state of the s				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



V.S. No. 1

N. B.—WRITE PEAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH VOTOT
1. PLACE OF DEATH	7.21
County Wiconico?	Registration Dist. No. 222
Village or City near Pettsirle, md (outs	idue) St., W
	f death of curred in a hospital or institution, give its NAME instead of street and number) O.ds. How long in U.S. if of foreign birth?
2010 1111	mosyrsyrs
2. FULL NAME Before Shockfe	7.1
(a) Residence: No. Selection (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temple Met OR DIVORCED (write the word)	(Month) (Day) , 193
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTLEY. That I attended deceased f
0	Leach N. 19.37, to Wareh 17, 19.3
5. DATE OF BIRTH (month, day, and year) Your 31 st 1937 7. AGE Years Months Days If LESS than	I last saw here alive on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc.	500
9. Industry or business in which	
SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) /// State or country)	
(State or country) and ' 13. NAME Willie Shockeler'	
14. BIRTHPLACE (city or town) Meas Fillandle.	Name of operation Date of
15. MAIDEN NAME Office on The 10.	What test confirmed diagnosis?
2. 61'44 1	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) New William William State or country)	Where did injury occur?
2/11/11/1/	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
7. INFORMANT MILLE SUCCESSES, (Address) Paramototica of 2001	opening mixing many december in medicine, in mone, of my obelle peace.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Toulour Cem Date Formale 18, 1937	Nature of injury
19. UNDERTAKER OKM: Horman Brelly	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Titasville and	If so, specify
May 17 39 Time on P Mais	(Signet) Conces The James
20. FILEY LAW. 19 LULGAN 1. LINES	

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis S S S S S S S S S S S S S S S S S S S	3 days ago
		11 2001 9 deV	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

4 te 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH 0.3452
state UPA.	1. PLACE OF DEATH	775
ould occ	County Westernies 1	Registration Dist. No. 22 &
should of OCC	Village or City / Level Ville Mile Mile	death occurred in a hospital or institution, give its NAME instead of street and number)
200 2	Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
CORD. Every PHYSICIANS ict statement	2. FULL NAME Agra Ellen Shoes	bly If U. S. Veteran, specify WAR NO:
D. SIC tate	(a) Residence: No. Towellville	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECC PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
TX	Tundle V OR DIVORCED (write the word)	March (Month) (Day) (Year)
X A C T L I classified.	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIEY, Thet I atlanded daceesed from
	1/1 19/3	last saw h. Regive on Surgerch 15, 1937; death is said
PEI E Ily	6. DATE OF BIRTH/month, dey, and year) 7. AGE Yeers Months Days If LESS than	to heve occurred on the dete stated above, at \mathcal{A}
IS A PE stated E properly certificate	74 0 28 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
be s be p	8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Mileal Stens , 1923
should it may n back	9. Industry or business in which work was dona, as SILK MILL, Januard of SAW MILL, BANK, etc.	
INK t it	11. Total time (years)	
INFADING INPUDING INPUDING INSTRUCTIONS OF	year) occupation occupation	Other Contributory Causes of importance:
DIT.	12. BIRTHPLACE (city or town) // // // (Stata or country)	har have
UNFA supplied a terms, ee instru	II 13. NAME I Than It. Elles	70.
5 = 4	14. BIRTHPLACE (city or town)	Neme of operation Date of
· = ·= ·	Colore of country)	What test confirmed diagnosis? Wes there an autopsy?
WIT:	15. MAIDEN NAME Amelia a. Kuhanson	23. If death was due to axtarnel ceuses (VIOLENCE) fill In also the following:
H L P	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
AINLY, d be cal DEATH y import	(Slata or country)	Where did Injury occur?(Specify city or town, county and State)
ADDV	17. INFORMANT Presell Will mit.	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
2 40	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
	Place IUA 3 x T2 Dale Mul 17, 19 3/	Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER C. W. Burtage	24. Wes disaase or injury In any wey related to occupation of dacaased?
B.	on 1737 1.00.	(Signal) Clearles & Brown M. E.
ż	20, FILED 1, 19d Registrar.	(Address) Salis kuy Zud
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example 1		Diample II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	ASCELLE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hrilis 1997	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	APR 6 1991	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

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U	U	T	0)	CF	

1. PLACE OF DEATH			469	1 h h
County Lo Com	Po		Registration Dist. No.	333
Village or City	11 10		No. 100 4 La factorial or institution, give its NAME instead of street and	
Length of residence in city or town where d	leeth occurred	yrs,mos	ds. How long In U. S. If of foreign birth?yrsn	nosds.
2. FULL NAME John	mill		If U. S. Veteran, specify WAR	
(a) Residence: No./004 X4	(Usual place of	abode)	St., Ward If nonresident give city or town and	d State
PERSONAL AND STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRII OR DIVORCED (eD, WIDOWED, write tha word)	21. DATE OF DEATH March 3/	, 193 (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Olevia	Jones	th	HEREBY CERTIFY, That I attended 22. 1 HEREBY CERTIFY, That I attended 22. 1934, to March 3	daceased from
6. DATE OF BIRTH (month, day, and year)	Unker.	rown	Clast sew il Assessment alive oil	_; daath is sald
7. AGE / Weeks Months	Days	If LESS than 1 dey,hrs. ormin.	to heva occurrad on the dete stated ebove, at _Qm, The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	1=
8 Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Carcinoma y sulestinal	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	ahore		omentum)	The Chan
10. Date deceased lest worked at this occupation (month and year)	11. Total time spent I occupa	n this		
12. BIRTHPLACE (city or town) (State or country)	woffill	1	Othar Contributory Couses of Importanca:	
	no ac	_	none	
14. BIRTHPLACE (city or town)	mell	.00	1/	
14. BIRTHPLACE (city or town)	sugge	ecc.	Neme of operation	
15. MAIDEN NAME bomlo	t. Stir	21	23. If death wes due to external causes (VIOLENCE) fill in also tha followin	autopsy? Ha
16. BIRTHPLACE (city or town)	rough	ill	Accident, suicide, or homicide? Date of Injury	-
Stata or country)	ma		Where did injury occur?	
17. INFORMANT Exclys 90	re	44 m.	(Specify city or town, county and Sta Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PI	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL	slung my	X.	Menner of injury	
Pleca fourton formi	Date Ofish	J. 1937	Natura of injury	
19. UNDERTAKER James 46 (Address)	Seura	el.	24. Was disease or injury in any way related to occupation of daceased?	
20. FILED apr 3 , 19 37	r. may	Juner Registrar.	(Signed) of D. Browne (Address) A alis bury, Ma	M. D.
If more l	blanks are needed, add		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 455 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SURFAIL V. S.	23			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	POT.			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—C	CERTIFICATE OF DEATH 03454
1. PLACE OF DEATH	(a)
Village or City Penersula General Hos	Registration Dist. No. 303 No. 3t., 3 Ward Schurzed in a hospital or institution, givelyts NAME instead of street and number)
2. FULL NAME Barbara Lee Spear (a) Residence: No. Mandela Mary and	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White OR DIVORCED (write the word)	21. DATE OF DEATH Morel (Month) (Day) (Year)
UHCDAND	22. i HEREBY CERTIFY. That I attended deceased from 9, 1937, to purch 13, 1937
6. DATE OF BIRTH (month, day, and year) 44 4 5 193 1 7. AGE Years Months Deys If LESS then 1 dey,hrs. ormln.	to heve occurred on the dete steted above, at 6.55 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows: Oate of onest
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Indústry or business in which work was done, as SILK MILL,	Partoulus 2006
12. BIRTHPLACE (city or town) Oceans City, MS	Other Coatributory Causes of Importence:
13. NAME Darry Wulson Spear, 14. BIRTHPLACE (city or town). Vianna, M.S. (Stete or country)	Neme of operation Dete of Whet test confirmed diegnosis? Jahreelly Wes there an autopsy? 1.14
5 16. BIRTHPLACE (city or town) Mardella, Md	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Dates Wilson Shear (Address) Manalla Mal 18. BURIAL, CREMATION, OR REMOVAL Piece Mardela Mal Oate Mah, 15, 1937	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury
21 0 0	24. Was disease or injury in any way related to occupation of deceased?
	1. PLACE OF DEATH County Wilage or City Pennsula Transpara Home Services Wilage or City Pennsula Transpara Home Services Wilage or City Pennsula Transpara Home Services Wilage or City Pensula Transpara Home Services Wilage or Amount of City Personal And Statistical Particulars 3. SEX

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private Tamily, cook—hotel, etc. For a person who had no occupation whatever write none.

ad no occupation whatever write none.		77	H
o be complete, an occupation return must state:		HZ	
8.—The trade, profession, or particular kind of work done.		2	Ü
9.—The industry or business in which the work was done.			BE
10.—The month and year the deceased last worked at the occur	apation.	4	,,,,
11.—The number of years the deceased followed the occupation	II.	numb.	40

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SANTAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis 😽	1 year	
		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

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 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SICIAI	N
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20, FILED

STATE OF MARYLAND	CERTIFICATE OF DEATH 03456
1. PLACE OF DEATH	12258
County Wicomico	Registration Dist. No. 333
Village or City Salisbury, Maryland (If Length of residence in city or town where deeth occurred yrs	No. Peninsula General Hospital Sward death occurred in a hospital or institution, give its NAME instead of street and number) 5 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Jeannette B. Trader	
(a) Residence: No. Stockton, Maryland (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX. Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) WIDOWED	21. DATE OF DEATH March 3rd (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Trader	22. I HEREBY CERTIFY, The I attended deceased from
6. DATE OF BIRTH (month, day, end yaar) June 8, 1898	I last saw h aliva on , 19 ; death is said
7. AGE Yeers Months Days If LESS than 1 day,	to have occurred on the date stated above, at 10 A em. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and years) spant in this years) occupation.	Verdict Coroners Jury as follows: by abdominal adhesions following prior operations
Near Paulson, Accomac (State or country) Near Paulson, Accomac (State or country)	Other Contributory Causes of Importance;
# 13. NAME Richard F. Ball	
13. NAME Richard F. Ball 14. BIRTHPLACE (city or town) Baltimore, Maryland (State or country)	Nama of operation
置 15. MAIDEN NAME Martha Chesser	23. If death was dua to axternal causas (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Martha Chesser 16. BIRTHPLACE (city or town) Hallwood, Virginia (State or country)	Accident, suicide, or homicide? Dele of Injury, 19
Nealie Ball, 17. INFORMANT Bloxom, Virginia	Where did injury occur? (Specify city or town, county and State) Spacify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlaceStockton, Md. Data March 5, 19 37	Menner of Injury
19. UNDERTAKER J. D. Johnson, Inc. (Address) Parksley, Virginia	24. Was disease of the ry in any way related to occupation of decaased? Wo.

Registrar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR O	July 5,1927	Peritonitis	3 days ago	
MUREAU V. S. II				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



should state of OCCUPA-

11	1	18	E.	la,
U	U	T	U	100

1. PLACE OF DEATH .	
County Willemico	Registration Dist. No. 337
Village or City Jesterwille	NoSt Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JOSYALL D. Jyuner	
(a) Residence: No. / Security (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (porte the word)	mar /st 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF (or) WIFE OF MARCHINE TURNER.	22. HEREBY GERTIFY, That I attended deceased from
manns Jumin	, 19 , 19 , 19 , 19 , 19 , 19 , 19 , 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Dead Williams
9. Industry or business in which	graves or over
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	meumonez form
this occupation (month and spent in this	Distory - all tobar pneumoned.
year) occupation	Other Contribusory Causes of Importance: Durations pleven days.
12. BIRTHPLACE (city or town)	undertwhen stellment & Casa
(State or country)	10000
13. NAME & aseph washield	neera com d
(State or country)	Name of operation
× 200 5 (1) D	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Welkey Garelay	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
ist d. in 10 - 11.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CASTAS OF THE STATE AS ASSESSED	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jesterrille, M.d. Date MINICE 14., 1932	Nature of injury
19, UNDERTAKER & Mrs hell essisto + Sons	24. Was disease or injury in any way related to occupation of deceased?
(Address) Davalue (NO)	If so, specify
20. FILED May 3, 1937 A Worlford Dall	(Signed) Delle Jella M.D.
Registrar.	(Address) Magniture the Dunt

B.-WRITE

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Arteriosclerosis MAR 5 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1.000	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

should state N. B.—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT RECARD. Every item of inforstated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPAproperly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (13458
1. PLACE OF DEATH	47.8
County Surney	Registration Dist. No. 333
Village or City - Salaksung	No. St., Ware f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	1/
2. FULL NAME Colward & Vaus	AN If U. S. Veteran, specify WAR
(a) Residence: No. W. Rockawilker	St., 9 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO, OR DIXORCED (write the word) Male Male	21. DATE OF DEATH Mark /V 1937. (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Pasa (daline) (augh)	122. I HEREBY CERTIFY, Thet I attended deceased from 1936 to Mean cle 12 19 32
DATE OF BIRTH (month, day, end year) Alw 6. 1874.	i last saw h im elive on helesch 12, 1937; death is sai
AGE Years Months Oeys If LESS than	to have occurred on the date stated above, at 3. 45.7.m.
67 8 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	were as follows: Oate of onse
SAWYER, BOOKKEEPER, etc.	malian ancy of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	mediastinice
SAW MILL, BANK, etc	(type not determined) with
this occupation (month and 1936 spent in this 4544	with metastases.
01 01	Other Contributory Causes of importence:
2. BIRTHPLACE (city or town) - for first (State or country)	arterioselerosea Proces
	Coronary selections and
14. BIRTHPLACE (city or town) (State or country)	Name of operation.
70,000	What test confirmed diagnosis? Was there an eutopsy? Was there are eutopsy? Was there exist eutopsy. Was there exist evtopsy. Was there exist eutopsy. Was there exist evtopsy. Was there exist evt
01	Accident, suicide, or homicide? Date of injury19
16. BIRTHPLACE (city or town) - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 1	Where did injury occur?
7. INFORMANT Hesley X. Vaughi,	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Ac bellawalken 3nd. 8. BURIAL GREMATION, OR REMOVAL 31	Marrie de la
Speckensellm md Date 3/4/5719	Menner of injury
9. UNDERTAKER The Hill K Whater Co.	24. Was disease or injury in any wey related to occupation of deceesed?
(Address) Salis will Tak.	If so, specify
20. FILED March 7,1937 D. May Jurner	(Signed) Address All Control of the
Registrar.	(Address) . F. W. Liller

CTATE OF MADY AND CEDTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
miletall V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis ·	1 year	
A 7 (3) (2)				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

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	Example I		E E	Example II	
The principal cause of of importance were as	féllows:	chusés	Bate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 3	1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	tis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	U. REAL	V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory cau	ses of importance:	4	nils realis	Other contributory causes of importance:	
Gallstones	100		May 1,1923	Gastroenteritis	1 year
		1000			
					39-39113

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STAT

E OF MARYLAND—CERTIFICATE OF DEATH	03460
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1. PLACE OF DEATH	210-11
County Sugnus	Registration Dist. No. 333
Village or City W. Salishury (16	ND. Occas) (My Nord St., 5. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrsmos	s,ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sewell E. Thelp	If U. S. Veteran, specify WAR
(a) Residence: No. Outr all (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH March 17 ,1937.
a. If marriad, widowed or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
h. a. a. a. a.	, 19, to, 19
5. DATE OF BIRTH (month, day, and year) / 19, 186V	I last saw h; daath is said
AGE Yaars Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
74 3 78 ormin.	were as follows:
8. Trada, profassioń, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata deceased last worked et this greynation (month and this greynation (month and spant in this securation (month and spant in this securation (month and spant in this securation (month and spant in this spant in this securation (month and spant in this spant in t	
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oata deceased last worked et this occupation (month and 1930) spant in this year) occupation.	
year)	Other Cantributary Causes of Importence:
12. BIRTHPLACE (city or town) Maula d	
1 11 5/1/	-
13. NAME JAN SLEW	
14. BIRTHPLAGE (city or town) AMMILES &	Neme of oparetion
(State-of country)	What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mary Cathnas	23. If deeth was due to external causes (VIOLENGE) fill in also the following:
16. BIRTHPLACE (city or town) - 1994 - 1995 (State or country)	Accident, suicide, or homicide?
(IA) , DI IA	(Specify city or town, county and State)
17. INFORMANT TYPE ALLE MALLER (Address) Lotal La Maller Mall	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL ASSEMBLY COMMENTAL City, Date 3/70/37, 19	Menner of injury Hatal Ches Crushed
19, UNDERTAKER The Thill K OFFREND CO.	24. Was disaasa or injury in any way related to occupation of dacaasad? MD
	If so, specify
(Addrass) Jalus Mung 1974.	- MASAGE MALLE IT DEALS ITTERS

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5,1927	Perilonitis	3 days ago
1 1 V 5.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

Villaga	Mac P	to o	1. 100	1:11	Registrat	tion Dist. No. 22	<u>'</u>
Village or	City / W/ S	unce		death occurred in a hospital			and number)
Length of re	esidence in city or town whe	re deeth occurred	yrsmo:	ds. How long in	U.S.If of foreign birth	?yrs	mosd
2. FULL N	AME Cong	Eross	prell	iasmo II U. S. Vi	eteran, specify WAR	1/0	
(a) Resid	ence: No.	(Usua blace	dand of abode)	St., Ward.	If nonresi	ident give city or town	and State
PERSO	NAL AND STATIS			MEDIC	A A A A A A A A A A A A A A A A A A A	TE OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DE	ATH /	57	1
-	B	The Throng	D (write the word)		March (Month)	(Oay)	, 193(Year)
5a. If married, wide	owad, or divorced	1 26	,	20 11155	111-111-111-1		
(or) WIFE of	John s	Willia	auro	22.3 - 2 HER	1937 to	3 12 7	Jed deceased fro
6. DATE OF BIRTS	I (month, day, and year)	en. 13.	1884	1 last saw h dead live	Men Jan	rived 19	; death is sa
	aars Months	Days	If LESS than	to heve occurred on the d	ata stated above, at	79 m.	
6	53 2	14	orhrs.	The PRINCIPAL CAUSE (OF DEATH and related	ceuses of Importanca	Oate of one
kind of	fession, or particular work done, as SPINNER, R, BOOKKEEPER, etc		work	Cerebral	Hemorel	rage	3.27
9. Industry of work v	business in which was done, as SILK MILL,	1 Louse			····		
	ased last worked at	O > 7 spa	ima (yaars)	(dead solver	n Larri	red)	
	1/6	9	upation Aug	Other Contributory Causes	-		To The State of th
12. BIRTHPLACE (Stete or co		modella	erculn	or Hyperleur	cad !		
13. NAME	John	Rober	0	Water 1 h	ich blir	1 messus o	f
	CE (city or town) 450	mas 2	work.	Name of operation	1	. Date of	1-1
(Stete	or country)	mas		What test confirmed diegn	osis? Churc	al Westhere	an autopsy?
15. MAIOEN N	IAME Mary	Mili	te	23. If death was due to axte	ernal causas (VIOLENC		
0 16. BIRTHPLA	CE (city or town)	A	uorle	Accident, suicide, or homi		Date of Injury	, 19
-1 (Siete	00.71	1106		Whare did injury occur?	(Specify ci	ty or town, county and	State)
17. INFORMANT (Address)	Deal	escar	-d Ind	Specify whether Injury occ	curred in INOUSTRY, I	n HOME, or in PUBLIC	PLACE.
18. BURIAL, CREM	ATION, OR REMOVAT	7 2	129-	Manner of injury		***	
Place	mues Luor	Oata IV	00014,1961	Natura of injury			
19. UNOERTAKER . (Addrass)	pred y	Itel	slew M	24. Was disease or injury I	n any way related to o	occupation of deceased?	m
20, FILED Dan	1.27,1037	Plian	RAGI	(Signed)	ink Li	wo	M.
Ev. Higher Jeste			Begistrar.	(Address)	Willans	1-	

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Example I 1937	11	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Oate of onset

Unkuon

UNKHOW

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Example I	- 13	Example II	
The principal cause of death and related car of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ADE 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURPAU			
Other contributory causes of importance:		Other contributory causes of importance:	- 1112
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03465
1. PLACE OF DEATH	(D) TO
County Wilcomile	Registration Dist. No. 333
Village or City Spalinderry mid	No. 9.7. D. St., 9 Ward
Lifo, (It	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME anachine leosal	If U. S. Veteran, specify WAR
(a) Residence: No. Salisling (Upplipace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
Se. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of Parry Ward	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day and yeer) Que # 18 47	I last saw h alive on manh 7 ,193/; daath is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated ebove, atm.
89 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were as follows:
8. Treda, profession, or particular kind of work done, es SPINNER,	Cerebral Henontone 3/2/22
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at the last worked at this occupation (month and	
work was dona, as SILK MILL, Hause keefeer	
10. Dete deceased last worked at this occupation (month and spant in this	
this occupation (month and 2.7 spant in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Lyperterio
E 13. NAME Dennis west	
14. BIRTHPLACE (city or town) Heargelacur	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julia Callins	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Leangelauer	Accident, suicide, or homicide? Date of Injury, 19
E (Stata or country)	Where did injury occur?
17. INFORMANT PLANY (LIGHT) (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL COLLEGE	Manner of Injury
Place though bear not Date Mbz 10, 1937	Natura of Injury
10 HADEDTAKED DA AL XIII.	24. Wes disease or Injury In any way related to occupetion of deceased?
19. UNDERTAKER (Addiess)	If so, specify
marchiolo 10.39 & Traft to	(Signed) M. D.
20. FILED Para 10, 19 Registrar.	(Address) Solie by my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal and related causes of importance wes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- To
County Wie builto	Registration Dist. No. 333
Village or City Salisbury, Wel.	No. You - I ame the Sward Gath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurred yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Um Hours wings	& WRIGHT
(a) Residence: No. Pare wife was	Rose Sale
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 3 - 3 0 - 193 (Month) (Day) (Year)
5#. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Swo Qla Wright.	22. I HEREBY CERTIFY, That I ettended deceased from 3 - \ 8 - \ 193 to \ 3 - 3 \ 0 - \ 193
5. DATE OF BIRTH (month, day, and year) 400. 10 17 1888	I last saw h alive on 3 - 30 - ,1937; deeth is said
7. AGE Yeers Months Deys If LESS then 1 dey, hrs.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of Importence
8. Trede, profession, or perticular	were as follows:
kind of work done, es SPINNER, assistant Post mark	Emperalmen 12/1936
19 Industry or business in which work wes done, es SILK MILL, East New Market SAW MILL, BANK, etc	
10. Date deceesed lest worked et tarmer 11. Totel time (yeers) this occupation (month and yeer) occupation	
1	Other Cantributary Canses of importance:
(State or country)	5/30/37
13. NAME Agrad Wingson.	
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation let reserve Takening Dete of 3/19/37 What test confirmed diagnosis leverage Westhere an autopsy 20
15. MAIDEN NAME Search to	What test confirmed diagnosis? Wes there an autopsy? 23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?, Dete of Injury, 19
7-01	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT Tred who goes. (Address) East were lider for life	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL PIECE 2 2 1937	Manner of Injury
9. UNDERTAKER H. H. WOOD ON A DOWN	24. Was disease er injury in any way releted to occupetion of deceased? 220
(Address) Care User le areal Jude	If so, specify
10. FILED Mch 30, 1937 & May Justier Registrar.	(Signed) M. D. (Address) Scholing Wed
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore, Requesting 7) S. No. v.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: 5 1927	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN

V. S. No. 1

REC		Exa	
IS A PERMANENT	stated EXACTLY	properly classified.	ertificate.
SII	be	pe	o jo
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	mation should be carefully supplied. AGE should be stated EXACTLY. I	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exa	TION is very important. See instructions on back of certificate.
Z			

1	S	TATE C	F MAR'	LAND-	CERTIFICATE C	OF DEA	ATH U3	464
1. 1	PLACE OF DEA	TH					-	
	County 2	il si	as in	,		Registration	Dist. No.	333
	Village or City	alia.	med.	bee.	2- ND. 1- Que - 0	ind &	att. D	Ward Ward
			446		death occurred in a hospital or institution			
	Length of residence In ci	ty or town where	death occurred	yrsmos		· / T	yrs	mos ds.
2. 1	FULL NAME	O	dan	7000	waster. WR	8"		
	(a) Residence: No.	2112	(Usual place of	of abode)	Ward.	If nonresiden	t give city or town ar	nd State
-	PERSONAL AN	D STATIST			MEDICAL CE			
3. SEX	4. COLO	R OR RACE	5. SINGLE, MARI		21. DATE OF DEATH	2	14 5-	27
w	ala es	. Se	1/	(write the word)		(Month)	(Day)	, 193 (Year)
5a. If r	narried, widowed, or divo	rced	1					,1150
(0	or) WIFE ot	Lu	skrive	m-	22. I HEREBY		Y. Thet ettende	d deceased from
6 DAT	E OF BIRTH (month, day	u and waar)	Stro le	marine	last saw h said elive on 3	- 15	~ ~	death is said
7. AGE	Yeers	Months	Deys	If LESS than	to have occurred on the dete stated	ebove, at 7	-0.	, 00011113 3010
	H2-			1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH were es follows:			
2 8	. Trade, profession, or pa	articuler	00	1 01-2-0-101114	O /	11	. ,	Date of onset
5	kind of work done, SAWYER, BDOKKEE	PER, etc	Latoren	/	In testime!	Moke	when	, 0
PA	undustry or business in work was done, es	SILK MILL,			due to Ca. 7	als	n	luly
OCCUPATION	SAW MILL, BANK, of Date deceased last wor	etc	11. Total tin	me (years)			***************************************	
00	this occupation (mo	nth end	spen	t in this pation				
12 PIS	THPLACE (city or town)	0	0		Other Contributory Causes of Import	ance:		
12. BIF	(State or country)	Mi	Mario	ver.		~~~~~~~		
企 山 13	. NAME	&s	upre	ww	0			
FATH 14	. BIRTHPLACE (city or to	wn)			Name of operation Color	kany	Dete of	5/10/5
	(State or country)	2	,		Whet test confirmed diegnosis?	1 Den	Was there en	autopsy?
MOTHER 19	. MAIDEN NAME	Mu	berow	n	23. If death was due to external cause	s (VIOL ENCE)	fill In elso the followi	ng:
O 16	BIRTHPLACE (city or to	wn)			Accident, suicide, or homicide?	no	. Date of injury	, 19
2	(State or country)		20	1 0	Where did injury occur?	(Specify city o	or town, county and St	
17. INF	ORMANT Ter	m. Ster	2/100	Gilal	Specify whether injury occurred In I	INDUSTRY, in H	OME, or In PUBLIC P	LACE.
IR RIII	(Address)//	CHOUSE AND	upy,	md.				
10. 50.	Plece MOW!	Allen	Dayfarg	16,37	Manner of injury			
	17/2	4 0	Th		Nature of injury			6_
19. UN	(Address)		The state of	The state	24. Wes disease or injury in any way 1f so, specify	related to occu	pation of deceased?	,
	Jun / 11	34 (- Maria	01	(Signed)	7.10	* Hull	M. D.
2D, FIL	ED	19.7.	f	Registrar.	(Address)	Len	ledy!	mg
		If more	blanks ar needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requ	esting V. S. No	D. T.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis ' ' Li		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	Air. 6 14.	July 5,1927	Peritonitis	3 days ago
	BURLAU V. S.			
Other contributory	causes or importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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